

# Trinity Lutheran Church & School

## STEM Camp 2019

### Indemnity and Release Form

CAMPERS NAME: \_\_\_\_\_

I, the undersigned, wish to voluntarily participate in the STEM Camp at Trinity.

In consideration for being permitted to participate in the STEM Camp, in the city of Minocqua, the state of WI, and country of the United States of America, beginning the 15th day of July, 2019, I, the undersigned, fully recognizing the dangers and hazards inherent in the STEM Camp, and any related transportation, including personal injury, property damage, or wrongful death, as well as the unknown dangers and hazards which may arise in the course of my participation in the STEM Camp, do hereby voluntarily:

- Agree, for myself, my heirs and my personal representative, to defend, hold harmless, indemnify, release and forever discharge, to the broadest extent allowed by law, Trinity Lutheran Church and School, its trustees, officers, employees, agents, insurers, successors, assigns, from and against any and all claims, demands, actions, or causes of action on account of any damage to real or personal property or any personal injury or death that may result from my participation in the above STEM Camp.

I have read this release, I understand it fully, I understand that it is legally binding, and I understand that, among other things, I am agreeing to indemnify Trinity Lutheran Church and School, for injuries, damages or losses I may cause and giving up rights to sue Trinity Lutheran Church and School for injuries, damages or losses I may incur.

\_\_\_\_\_  
Printed Name (Parent/Guardian of Participant)

\_\_\_\_\_  
Signature of Parent/Guardian of Participant